


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000006179</b> 1. Entity Name <b>HEALTH FACILITIES MANAGEMENT AND EDUCATIONAL SERVICES, INC.</b>	
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Principal Place of Business <b>1549 SCHALAMAR CREEK DRIVE LAKELAND, FL 33801</b>	Mailing Address <b>1549 SCHALAMAR CREEK DRIVE LAKELAND, FL 33801</b>
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**DO NOT WRITE IN THIS SPACE**



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-2492071</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SIEGEL, SHIRLEY M 1549 SCHALAMAR CREEK DRIVE LAKELAND, FL 33801</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SIEGEL, SHIRLEY M 1549 SCHALAMAR CREEK DRIVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEGEL, SAUL 1549 SCHALAMAR CREEK DRIVE LAKELAND, FL 33801
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **VP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **5/2/07** Daytime Phone #: **863 666 3012**